

2254	✓	1983
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Yes	✓	No
HYP MOTION FILED		
Yes	✓	No
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Court	✓	ProSe

FILED
APR 28 2008
CLERK, U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA
BY <i>[Signature]</i> DEPUTY

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

EUGENE ORANGE
Plaintiff,

vs.

A. HEDGPETH WARDEN
Defendant.

'08 CV 0767 BTM WMC
CASE NO. _____

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, EUGENE ORANGE declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed?

Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

If the answer is "no," state the date of last employment and the amount of the gross and net salary

CR

1 and wages per month which you received. (If you are imprisoned, specify the last place of
 2 employment prior to imprisonment.)

3 unknown

4
 5
 6 2. Have you received, within the past twelve (12) months, any money from any of the following
 7 sources:

8 a. Business, Profession or
 9 self employment

Yes ___ No ☒

10 b. Income from stocks, bonds,
 11 or royalties?

Yes ___ No ☒

12 c. Rent payments?

Yes ___ No ☒

13 d. Pensions, annuities, or
 14 life insurance payments?

Yes ___ No ☒

15 e. Federal or State welfare payments,
 16 Social Security or other govern-
 17 ment source?

Yes ___ No ☒

18 If the answer is "yes" to any of the above, describe each source of money and state the amount
 19 received from each.

20
 21

22 3. Are you married?

Yes ___ No ☒

23 Spouse's Full Name: _____

24 Spouse's Place of Employment: _____

25 Spouse's Monthly Salary, Wages or Income:

26 Gross \$ 0 Net \$ 0

27 4. a. List amount you contribute to your spouse's support: \$ 0

28 b. List the persons other than your spouse who are dependent upon you for support

and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

5. Do you own or are you buying a home? Yes: No: X

Estimated Market Value: \$ 0 Amount of Mortgage: \$ 0

6. Do you own an automobile? Yes No ☒

Make _____ Year _____ Model _____

Is it financed? Yes _____ No X If so, Total due: \$ _____

Monthly Payment: \$ 0

7. Do you have a bank account? . Yes _____ No X (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ 0

Do you own any cash? Yes ☐ No ☒ Amount: \$ 0

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☐ No ☒

8. What are your monthly expenses?

Rent: \$ 0 Utilities: 0

Food: \$ 0 Clothing: 0

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
------------------------	------------------------	---------------------------------

0 \$ 0 \$

③ \$ ④ \$ ⑤

_____ \$ _____ \$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ___ No X

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

XCO

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

4-15-08

DATE

Eugene OKM
SIGNATURE OF APPLICANT

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Orange, Eugene 164598 for the last six months at [prisoner name]

Yuba Valley State Prison where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 250 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: 4/21/08

T. Scrogg, Asst. Sec.
[Authorized officer of the institution]

REPORT ID: TS3030 .701

REPORT DATE: 04/21/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
KERN VALLEY STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: OCT. 01, 2007 THRU APR. 21, 2008

ACCOUNT NUMBER : V64598 BED/CELL NUMBER: FCB800000000202L
ACCOUNT NAME : ORANGE, EUGENE ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
10/01/2007		BEGINNING BALANCE					0.00

ACTIVITY FOR 2008

03/06	VD54	INMATE PAYROL 1399/FEB92			3.27		3.27
03/11	W516	LEGAL COPY CH 1442/LCOPY				0.75	2.52
03/17	FC03	DRAW-FAC 3 1479/FC3D				2.52	0.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 02/10/05 CASE NUMBER: *SCN165993
COUNTY CODE: *SD FINE AMOUNT: \$ 56,727.37

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
10/01/2007		BEGINNING BALANCE		56,727.37
03/06/08	VR54	RESTITUTION DEDUCTION-SUPPORT	3.63-	56,723.74

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	3.27	3.27	0.00	0.00	0.00

CURRENT
AVAILABLE
BALANCE

0.00

THE WITHIN INSTRUMENT IS A
CORRECT COPY OF THE TRUST
ACCOUNT MAINTAINED BY THIS OFFICE.
ATTEST:



CALIFORNIA DEPARTMENT OF
CORRECTIONS AND REHABILITATION

BY W. S. [Signature]
TRUST OFFICE